

AGENDA
MEETING
OF
ALABAMA OPIOID OVERDOSE
AND ADDICTION COUNCIL

October 24, 2017
1:00 p.m.

- I. WELCOMING REMARKS**
- II. APPROVAL OF THE SEPTEMBER 5, 2017, MINUTES**
- III. COMMITTEE REPORTS:**
 - Data Committee – Diane Baugher (see handout)**
 - Rescue Committee – Dr. Mark Wilson**
 - Prevention/Education/Media Committee – Karen Watkins-Smith**
 - Prescriber/Dispenser Practices – Senator Jim McClendon**
 - Law Enforcement/Criminal Justice – Darrell Morgan (see handout)**
 - Community Engagement Committee – Alan Miller**
- IV. PUBLIC COMMENTS AND QUESTIONS**
- V. ANNOUNCEMENTS & CLOSING REMARKS**

The next scheduled meeting will be held on December 5, 2017,
at 1:00 p.m. at this same location.

Minutes and supporting documents
from the September 5, 2017, organizational meeting
Can be downloaded and printed at:
<http://ago.state.al.us/Page-Alabama-Opioid-Overdose-and-Addiction-Council>

Alabama Opioid Overdose and Addiction Council - Council Members/Attendees 10/24/17

Council Members		Non-Council Members/Staff/Attendees	
Name	Agency/Organization	Name	Agency/Organization
Albright, Dr. David	University of Alabama	Baugher, Diane	Mental Health
Babington, Bill	ADECA	Bishop, Nancy	ADPH
Beasley, Billy	State Senator	Boswell, Kim	Mental Health
Beech, Elaine	State Representative	Brown, Steve	
Beshear, Lynn	Mental Health	Corley, Niko	Medical Association
Boyett, Dr. Brent	Boyett Health Services	Crenshaw, Clay	AGO
Dozier, Steve	Dept. of Insurance	Dean, Michael	AGO
Harris, Dr. Scott	Public Health	Durham, Jamey	ADPH
Harrison, Dr. Jerry	Alabama Academy of Physicians	Gaines, Jeannie	Association of County Commissions
Hart, Matt	AL Board of Dental Examiners	Hooper, Conwell	American Senior Alliance
Herrick, Dr. David P.	Medical Association	Jackson, Mark	Medical Association
Jahraus, Dr. Christopher	American Society of Radiation Oncology	Jones, George	Pernix Therapeutics
James, John	Dept. of Human Resources	Klinner, Tommy	Mental Health
Jones, Louise F.	AL Pharmacy Association	Leighton, Leslie	The Center for Pain
Lewis, Dr. Bobby	American College of Emergency Physicians	Maddox, Dr. Gil	Medical Doctor
Lewis, Marilyn	AL Dept. of Education	Miller, Alan	Shelby County DA's Office
Marshall, Steve	Attorney General	Robertson, Katherine	AGO
Matson, Barry	AL Drug Abuse Task Force	Shaffer, Jada	The Jones Group
McClendon, Jim	State Senator	Treadwell, John	Legislative Reference Service
Moon, Dr. Robert	Medicaid	Walden, Nicole	Mental Health
Morgan, Darrell	Pardons and Paroles		
Passmore, Wendy	AL Board of Pharmacy		
Robinson, Sheena	Council on Substance Abuse		
Schmidt, Dr. Anne M.	Blue Cross Blue Shield		
Slattery, Ann	AL Regional Poison Control Center		
Snider, Robyn	Jacksonville State University		
Staats-Combs, Susan	AL Methadone Treatment Assoc.		
Studstill, Dr. Zack	AL Dental Association		
Taylor, Bobbi Jo	Recovery Organization of Support Specialists		
Taylor, Hal	ALEA		
Traffanstedt, Dr. Darlene	Internal Medicine Physician		
Watkins-Smith, Karen	Prevention/Education/Media Subcommittee		
Weaver, April	State Representative		
Wilson, Dr. Mark	Jefferson Co. Pills to Needles		
Wilson, Nathan	Administrative Office of Courts		

Alabama Opioid Overdose and Addiction Council
Executive Order No. 708
Membership as of 10/10/17

- a) Commissioner of the Alabama Department of Mental Health
Lynn Beshear
lynn.beshear@mh.alabama.gov
- b) State Health Officer
Dr. Scott Harris, DMD (acting)
scott.harris@adph.state.al.us
- c) State Attorney General
Steve Marshall
smarshall@ago.state.al.us
- d) Chair of the Alabama Board of Medical Examiners
Dr. Howard J. (Joey) Falgout, MD
jfalgout@mac.com
- e) Physician appointed by the Medical Association of the State of Alabama (designee)
Dr. David P. Herrick, MD
dpherrick@msn.com
- f) Executive Secretary of the Alabama Board of Pharmacy
Dr. Susan Alverson, Pharm. D.
salverson@albop.com
- g) Executive Director of the Alabama Pharmacy Association
Louise F. Jones
ljones@aparx.org
- h) Executive Director of the Alabama Dental Association
Dr. Zack Studstill, DMD
studstill@aldaonline.org
- i) Executive Director of the Alabama Board of Dental Examiners
Matt Hart
matt@dentalboard.org
- j) Superintendent of the Alabama Department of Education (designee)
Marilyn Lewis, Ed.D.
Program Coordinator of Prevention and Support Services
mlewis@alsde.edu

- k) Commissioner of the Alabama Department of Human Resources
Nancy Buckner
nancy.buckner@dhr.alabama.gov
- l) Commissioner of the Alabama Department of Insurance (designee)
Myra Frick, Manager of the Insurance Consumer Services Division
myra.frick@insurance.alabama.gov
- m) Director of the Alabama Department of Economic and Community Affairs (designee)
William M. (Bill) Babington
bill.babington@adeca.alabama.gov
- n) Commissioner of the Alabama Medicaid Agency (designee)
Dr. Robert Moon, MD, Chief Medical Officer
robert.moon@medicaid.alabama.gov
- o) Alabama Administrative Director of Courts
Randy Helms
randy.helms@alacourt.gov
- p) Executive Director of the Alabama Board of Pardons and Paroles (designee)
Darrell Morgan, Assistant Executive Director
darrell.morgan@paroles.alabama.gov
- q) Secretary of the Alabama Law Enforcement Agency
Hal Taylor
hal.taylor@alea.gov
- r) Commissioner of the Alabama Department of Corrections
Jefferson S. Dunn
jefferson.dunn@doc.alabama.gov
- s) Managing Director of the Alabama Regional Poison Control Center
Ann Slattery, Dr. PH
ann.slattery@childrensal.org
- t) Chairman of the Alabama Drug Abuse Task Force
Barry Matson
barry.matson@alabamada.gov
- u) President of the Alabama Methadone Treatment Association
Susan Staats-Combs, M.Ed, LPC, NCC, MAC
trtmtctr@aol.com

- v) Representative of the Jefferson County Pills to Needles Collaborative
Dr. Mark Wilson, MD, Jefferson County Health Officer
mark.wilson@jcdh.org
- w) President of the Alabama District Attorneys' Association
Brian McVeigh
brianmcveighda@cableone.net
- x) Two House members appointed by the Speaker of the Alabama House of Representatives
Elaine Beech, State Representative
elainebeech83@gmail.com
- April Weaver, State Representative**
aprilweaver@att.net
- y) Two Senators appointed by the President Pro Tem Of the Alabama Senate
Billy Beasley, State Senator
billy.beasley@alsenate.gov
- Jim McClendon, State Senator**
jimmcc@windstream.net
- z) Two individuals, in recovery from opioid addiction, appointed by the Recovery Organization of Support Specialists
Mark Litvine
marklitvine@gmail.com
- Bobbi Jo Taylor**
bobbijo@uab.edu
- aa) Two family members, of persons who are or have been addicted to opioids, appointed by the Council on Substance Abuse – NCADD
Shereda Finch
sfinch@cosancadd.org
- Pearl Partlow**
csancadd@bellsouth.net

bb) Additional individuals as deemed appropriate by the Governor

Dr. David Albright, Ph.D.

School of Social Work, The University of Alabama
dlalbright@ua.edu

Dr. Brent Boyett, DO

Clinic Owner that offers medication-assisted treatment
Boyett Health Services, Hamilton, AL
brent@boyethealth.com

Josh Johnson

Chief Meteorologist at WSFA television in Montgomery.
He lost a family member to an opioid overdose.
joshjohnson@wsfa.com

Dr. Anne M. Schmidt, MD

Associate Medical Director, Blue Cross Blue Shield of Alabama
anne.schmidt@bcbsal.org

Dr. Darlene Traffanstedt, MD

Internal Medicine Physician, Hoover, AL
drtraffanstedt@gmail.com

Dr. Bobby Lewis, MD

Alabama Chapter, American College of Emergency Physicians
bobbylewis@uabmc.edu

Dr. Boyde J. Harrison, MD

Alabama Academy of Family Physicians
boyde.harrison@gmail.com

Dr. Christopher Jahraus, MD

American Society of Radiation Oncology, Alabama Chapter
cj@genxrt.com

ORGANIZATIONAL MEETING OF
ALABAMA OPIOID OVERDOSE AND
ADDICTION COUNCIL
MINUTES

September 5, 2017
1:00 pm

The Alabama Opioid Overdose and Addiction Council, created by Executive Order No. 708, issued by Governor Kay Ivey on August 8, 2017, met for its organizational meeting on September 5, 2017, at the Office of the Attorney General located at 501 Washington Avenue, Montgomery, Alabama.

The newly created Council was called to order by Attorney General Steve Marshall, Co-Chair. Attorney General Marshall made opening remarks. He then introduced Co-Chair, Commissioner Lynn Beshear of the Alabama Department of Mental Health who made her opening remarks. (See Audio Recording at 10:50)

Co-Chair Beshear then introduced Co-Chair Acting State Health Officer, Alabama Department of Public Health, Dr. Scott Harris who made his opening remarks. (See Audio Recording at 17:17)

Attorney General Marshall asked for introductions and brief remarks from the roundtable. (See Audio Recording beginning at 18:59 and ending at 44:18)

Attorney General Marshall then gave an overview of the Council from the Executive Order, and the vision of the Co-Chairs for the Council. (See Audio Recording at 44:22)

Attorney General Marshall then asked for any reports from the sub-committees or committees. The reports were given as follows:

Data Committee Report by Diane Baugher, MBA, CPA, Alabama Department of Mental Health, Associate Commissioner Mental Health & Substance Abuse. (See Audio Recording 46:19-51:14)

Treatment/Recovery Support Committee Report by Sarah Harkless, Director of Substance Abuse Treatment and Development, Mental Health and Substance Abuse Services Division, Alabama Department of Mental Health. (See Audio Recording 52:37-59:44)

Law Enforcement/Criminal Justice, Darrell Morgan, Assistant Executive Director, Alabama Board of Pardons and Paroles. (See Audio 1:00)

Prescriber/Dispenser Practices, Senator Jim McLendon. (See Audio 1:01)

Rescue Committee, Foster Cook, UAB School of Medicine. (See Audio 1:10)

Prevention/Education/Media, Josh Johnson, WSFA TV. (See Audio 1:22)

Attorney General Marshall then introduced Anne M. Schmidt, M.D., Medical Director of Blue Cross and Blue Shield of Alabama for a presentation on "What's The Cost? A Blue Cross Perspective." After the presentation, the Council opened for questions and answers (See Audio beginning at 1:25)

Attorney General Marshall then introduced Mr. Alan Miller, Director of Compact 2020 and the Chief Assistant District Attorney of Shelby County, Alabama. Mr. Miller then gave an overview of Compact 2020 and opened up for questions and answers. (See Audio 1:49)

The meeting was closed with closing remarks by Attorney General Marshall, Commissioner Beshear and Dr. Harris with the announcement that the next meeting of the Council would be held on October 24, 2017 at 1 pm in the same location. (See Audio 2:09)

Dated this the 19th day of September, 2017.

Recording Secretary

DATA COMMITTEE SUMMATION
SEPTEMBER 5, 2017 MEETING

The Data Committee reported they had completed their task of identifying data sources and key metrics needed to describe the problem of heroin and opioid use in Alabama and for describing the success of the efforts of the Governor's Council. This completed worksheet was distributed to the council members. Their recommendations for future direction were:

1. Secure Data Sharing agreements with all agencies submitting or utilizing data OR introduce legislation requiring submission of identified data elements.
2. Continue exploration of working with Alabama Public Health Institute as the Central Data Repository.
3. Develop an opioid dashboard for public access.
4. Introduce legislation to change the current Alabama law governing the dissemination of data of the Alabama PDMP for research.

Diane Baugher, MBA, CPA

Alabama Department of Mental Health

Associate Commissioner Mental Health & Substance Abuse

Email: diane.baugher@mh.alabama.gov

Treatment and Recovery Support Services Committee Report

Alabama Opioid Overdose and Addiction Council
September 5, 2017

Last Meeting: May 16, 2017

Attendees: Fran Shaddix, Nicole Walden, Steve Dozier, Pamela Butler, Shannon Roberts, Brent Boyett, David Albright, Susan Staats Combs, Bobbi Jo Taylor, Mar Litvine, Wendy Taylor, Myra Frick, Deidre Johnson, Luciana Coleman, Shereda Finch, Sarah Harkless

Discussed our mission to expand the quality and availability of evidence-based treatment for substance use disorders.

Identified sixteen different strategies to support fulfillment of that mission:

1. Engaging hospitals in cost saving strategies.
2. Promoting SBIRT.
3. Implementing Chronic Disease Model of Addiction.
4. Full Implementation of 2008 Parity Act.
5. Broader CPT Code coverage of addiction.
6. Increase the system's treatment capacity.
7. Increase funding for the treatment and recovery support services system.
8. Increase visibility of the system.
9. Encourage more physicians to obtain DATA waivers.
10. Develop minimal standards for DATA waived physicians.
11. Work with state boards to encourage mid-level practitioners to become buprenorphine prescribers.
12. Examination of the private community corrections treatment impact.
13. Increase alternative settings/access for substance use disorders treatment, especially primary care access.
14. Bolster the substance use disorders workforce.
15. Bolster support for families.
16. Promote standards of excellence.

Collapsed those strategies into six groups of related strategies, and identified facilitators to establish workgroups to develop associated goals, objectives and tasks for consideration by the Committee as a whole.

Dr. David Albright

1. Engaging hospitals in cost saving strategies.
2. Promoting SBIRT.
13. Increase alternative settings/access for substance use disorders treatment, especially primary care access.

Dr. Brent Boyett

3. Implementing Chronic Disease Model of Addiction.
4. Full Implementation of 2008 Parity Act.

5. Broader CPT Code coverage of addiction.

Office of Substance Abuse Treatment - ADMH

6. Increase the system's treatment capacity.
7. Increase funding for the treatment and recovery support services system.
14. Bolster the substance use disorders workforce.

Susan Staats Combs/Wendy Taylor

12. Examination of the private community corrections treatment impact.

Pam Butler/Shereda Finch

15. Bolster support for families.

Nicole Walden/Dr. David Albright

16. Promote standards of excellence.

All Workgroups

8. Increase visibility of the system.

Deferred to the **Prescriber/Dispenser Practices Committee's** work

9. Encourage more physicians to obtain DATA waivers.
10. Develop minimal standards for DATA waived physicians.
11. Work with state boards to encourage mid-level practitioners to become buprenorphine prescribers.

Next Steps: Review other states' strategic plans, Surgeon General's Report on Addiction in America, along with other opioid-related materials, and establish specific recommendations for the Council's strategic plan.

Next Meeting: September 19, 2017.

LAW ENFORCEMENT SUB COMMITTEE

September 5, 2017

The Law Enforcement Sub Committee did not provide a report to the Council on Tuesday since we have not met since the last Council meeting. The sub-committee will reconvene September 28th from 10:00am until 12:00pm to discuss recommendations made to the Council at the last meeting and to solicit new recommendations from the group. Also, I've attached a list of the recommendations made at the last Council meeting for interested parties to review. I believe our recommendations to the new Council will not change dramatically. See next attachment. Thanks.

Darrell Morgan
Assistant Executive Director
Alabama Board of Pardons and Parole
301 South Ripley St. Bld. D
Montgomery, Al. 36130-2405
PX 334 242 8713
FX 334 353 1157



Alabama Council on Opioid Misuse and Abuse Law Enforcement and Criminal Justice Subcommittee



Mission: Develop goals and objectives to address opioid and heroin abuse in agencies across the criminal justice system and coordinate these strategies to support the overall plan.

Educate law enforcement regarding the epidemic of opioid misuse and abuse that may lead to criminal behavior.

ADMH and ALEA will partner to provide training to officers regarding the science behind opioid addiction, and how to assist offenders in accessing treatment. ALEA to explore using Drug Recognition Experts (DREs) to train officers to identify intoxicated individuals.

Educate criminal justice agencies, including the judiciary, in applying evidence-based practices for opioid dependent criminal-justice involved defendant to reduce recidivism.

Needs Improvement—Area of Focus—Judicial College and the Judges Conference Education Committee to be contacted. Need to Provide Request for Proposals (RFPs).

Explore possibilities for improved intergovernmental cooperation in narcotics investigations.

ADECA Grant—working with ALEA to provide assistance to rural and small LE agencies with narcotic surveillance and intelligence gathering targeted at taking dealers off the streets – roll-out by October 1.

Ensure access to Medication Assisted Treatment (MAT) as an option in treatment courts.

Adult treatment courts have been sent the link to NDCI's 9 module training for MAT and training continues at both annual conferences geared toward treatment courts.

Use recently approved substance abuse screening protocols for community corrections and probation and parole to identify persons at risk of overdose and in need of MAT including Naloxone.

Pardons and Paroles recently received training from ADMH in the use of Substance Abuse and Mental Health Screeners for making referrals during assessments.

Divert persons arrested for opioid related crimes into treatment across the criminal justice continuum including drug courts.

At the discretion of local District Attorney's drug offenses are eligible for participation in drug courts, with the exception of distribution, trafficking, and manufacturing., pursuant to the Alabama Drug Offender Accountability Act No. 754

**The Law Enforcement and Criminal Justice Subcommittee
Recommended Areas of Focus**

Providing education to Law Enforcement and the Judiciary through a partnership with the Alabama Department of Mental Health.

The use of Medication Assisted Treatment (MAT) within ADOC, Pardons and Paroles Programming, and other diversion programs.

Engaging the administrators of colleges and universities to encourage campus police departments to become collaborative partners in the effort to combat the opioid crisis in Alabama.

Introducing 2 items of legislation for the 2018 Legislative Session:

Decrease the amount of Fentanyl possession for a trafficking charge.

Add a separate court cost to charges involving opioids to offset cost of treatment and prevention.

OPIOID - Wednesday
10a

The Opioid Prescriber/Dispenser Subcommittee met April 11, 2017.

OpioidSub4.11.17

The Subcommittee discussed several issues including the following:

PDMP:

- The PDMP must be enhanced and improved to real time. It could prove to be our strongest tool once it becomes convenient and quick.
- Maximum value of the PDMP will be realized once both prescribers and dispensers access the database **prior** to prescribing and dispensing **any controlled substance** prescription. Current lag times in process of accessing discourage use prior to prescribing/dispensing.
- Change PDMP law to allow the PDMP to be a part of the patient's medical records.
- There will be resistance to mandatory usage for prescribers/dispensers even if the software is dramatically improved.
- The PDMP currently can be used to extract prescribing data, and use that to inform prescribers of their rank in opioid prescription compared to all physicians and compared to their peer group.
- These reports can be extracted periodically to see if usage rates go up or down and the BME can act accordingly.

PAIN CLINIC OWNERSHIP

Out of state and/or non-physician owners place these clinics beyond the reach of the BME. Consider legislation to require pain clinic ownership to be limited to AL resident, hospital affiliated, or physician.

AL Board of Pharmacy advised that this is a problem with pharmacy ownership as well. Out of state corporations red tape make it more difficult to obtain information.

ABUSIVE PRESCRIBERS

Pharmacists are aware of the prescribers, and their practices. Currently there is no clear-cut reporting path if the pharmacist wishes to report.

Drug Courts could be a reliable source of information, and the availability of Drug Courts should be more widespread.

INSURANCE

Insurance will not pay for prescriptions filled more frequently than approved, therefore patients intending to divert drugs may rely on **cash transaction**, both for the prescriber and the dispenser. This should be a red flag.

Enhanced use by insurance of **designated prescribers** and **designated dispensers** will help curb abuses.

THE BUCK STARTS HERE:

The first step in legally prescribed drugs becoming illegally diverted drugs is the prescriber.

Alabama Opioid Overdose and Addiction Council

RESCUE COMMITTEE

DRAFT RECOMMENDATIONS

September 1, 2017

Strategy Idea #1: Explore opportunities to strengthen the existing Good Samaritan Law.

- A) Explore the feasibility of increasing the immunity from arrest/prosecution for 911 callers in the 2018 Legislative Session. (Currently immunity is only extended to underage alcohol drinking/possession and misdemeanor controlled substance offenses.)
- B) Consider broadening the categories of people who may conduct training on and distribution of naloxone. (Currently restricted to physicians, dentists, pharmacists, public health nurses, rescue squads and volunteer fire departments).

Strategy Idea #2: Increase access through pharmacies by expanding awareness and use of the existing standing orders.

(Note: The State Health Officer has issued standing orders which are posted on the Alabama Department of Public Health website for any pharmacist in the state to use.)

- A) Consider requiring signage in all pharmacies making the public aware of naloxone availability.
- B) Consider developing a mechanism to create and maintain a list of all participating pharmacies and make that information available to the public.
- C) Incorporate routine education about state naloxone policy and standing orders into the state's schools of pharmacy.

Strategy Idea #3: Increase access to naloxone by first responders including law enforcement personnel.

- A) Acquire and use overdose data, Emergency Medical Services response data, and other data to identify which law enforcement jurisdictions in which law enforcement personnel are most likely to be first responders.

Strategy Idea #4: Create a statewide, uniform training and certification program for police and other first responders on naloxone use delivered through academy and in-service training.

- A) Pursue getting naloxone education on the agenda of statewide conferences of sheriffs and police chiefs.
 - B) Pursue getting naloxone education on the Alabama Fire College meeting agenda, and pursue including routine naloxone education in the Fire College training.
-

Strategy Idea #5: Encourage naloxone prescribing or dispensing as a standard order for all overdose cases treated in hospital emergency rooms.

- A) Reach out to other hospitals about their overdose encounters, and the idea of dispensing or prescribing naloxone to these patients.
- B) Discuss the idea of direct dispensing of naloxone from emergency departments with the Alabama Hospital Association.

Strategy Idea #6: Increase naloxone access through substance abuse treatment programs, treatment courts, probation and parole, community corrections, day reporting centers, jails, support groups and other social service agencies.

Strategy Idea #7: Use existing resources and identify new funding sources to eliminate financial barriers to naloxone use.

- A) Make efforts to consider access to naloxone, where most needed, in all federal funding requests and other grant opportunities.

Strategy Idea #8: Explore group purchasing and other leverage strategies to expand purchasing options for naloxone.

- A) Utilize a system such as the Minnesota Multistate Alliance Purchasing (MCAP) system for cooperative purchasing of naloxone at a discounted rate.
- B) Also encourage use of local resources for local distribution efforts; for example, provide awareness and recommendations via the League of Municipalities and the County Commission Association.

Strategy Idea #9: Encourage routine naloxone prescribing as a co-prescription by physicians who are prescribing high-dose opioids or co-prescribing opioids and benzodiazepines.

- A) Ask the Alabama Board of Medical Examiners (ALBME) to add this to their current guidelines ("Risk and Abuse Mitigation Strategies")

Strategy Idea #10: Develop targeted outreach strategies to reach populations at high risk of overdose such as persons leaving jails, residential treatment programs, hospitals and detox facilities.

- A) Ask the ALBME to include naloxone information as a routine part of a "firing protocol" for doctors when they discharge a patient from their practice for breaking a pain treatment agreement (for "doctor shopping," illegal drug use, etc.).
 - B) Make sure naloxone is stocked in jail and prison infirmaries
-

C) Target people who are post-incarceration with a history of opioid addiction/abuse via probation and parole officers.

D) Compile a list of priority target points for naloxone distribution, to guide naloxone distribution as resources (e.g. federal grants) for naloxone distribution become available.

Strategy Idea #11: Emphasize rescue breathing/CPR as part of educational and training recommendations for overdose response.

A) Education on rescue breathing should be a part of all naloxone training.

B) Rescue breathing/CPR can function as an effective, low-cost, and sustainable surrogate for naloxone administration where availability to naloxone is limited or unsustainable.

Strategy Idea #12: Increase general public awareness of naloxone and its availability

A) Develop a low-cost, grass roots social media campaign strategy to get the word out about naloxone availability.

Strategy Idea #13: Set goals and measurable outcomes for the other strategy ideas.

PREVENTION, EDUCATION & MEDIA COMMITTEE
SEPTEMBER 5, 2017

The Prevention, Education and Media Committee met on July 27, 2017 at the University of Alabama in Tuscaloosa. There, we visited and had a frank and open discussion with students, administrators and staff at the Campus Recovery Center and MPACT programs at UA. They have a national reputation for success, so we wanted to explore what they do, in hopes that we could create some best-practices for university prevention and rehabilitation programs.

The Committee continues to brainstorm and discuss the need for *both* specific and generic messaging; we are currently building the framework for "Live the Label" - a slogan and message for people who are prescribed pain pills, but not yet in active addiction. The committee has purchased the domain name www.livethelabel.org, with the idea being to build a prevention and initial "whoa, I might have a problem" resource for non-addicts.

We will continue to expand our messaging strategy to include addicts, family members, sports coaches and other peer groups who have the chance to influence addicts and potential addicts.

Josh Johnson
WSFA.com

Handout
Data Subcommittee Report
October 24, 2017

Handout
Law Enforcement Subcommittee Report
October 24, 2017

COMMUNITY ENGAGEMENT COMMITTEE UPDATE
24 OCT 2017

- Second meeting of the Committee was held on 12 Oct 2017.
- The committee examined a number of existing programs and models that either already ARE or have very strong potential to galvanize communities to address the problem of opioid related substance use disorder and overdose deaths. Existing programs we examined included:
 - o The Community Anti-Drug Coalitions of America (CADCA) model of community coalition building which is already being utilized in a number of communities throughout the state.
 - o Family Resources Centers, which are already active and supported throughout the state.
 - o Veterans Courts – recognizing that there are over 4000,000 veterans in the State of Alabama who are considered high risk for developing substance use disorder with co-occurring other mental health conditions.
 - o Stepping Up initiative, which examines ways to use mechanisms of criminal justice system to identify people who are in need of mental health assistance and connecting those people to appropriate services.
- DRAFT recommendations are due to Alan Miller and David Albright on Friday, Oct 27.
- Next meeting of the Community Engagement Committee is scheduled for November 16 at the Commissioner's Conference Room.